

**WORK RELATED EDUCATION, TRAINING & PROFESSIONAL DEVELOPMENT
STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM
ROSTER AND EVALUATION**

NAME:

DEPARTMENT:

COURSE TITLE:

HOURS ATTENDED:

COMPLETION DATE:

STC CERTIFICATION #:

Please answer each question as completely as possible. Participation in Work Related Training is limited. You may be the only STC participant who attended this course. Your evaluation is critical in assessing Work Related Training.

1. Did you get any ideas from this class about how to do your *current* job better? ☐ Yes ☐ No
If so, what are they?

2. Please give an example of how you might use the information from this course in a practical situation in the *future*.

3. In what direct or indirect way did this training enhance or expand your contribution to your agency?

I certify that all of the information included above is accurate to the best of my knowledge.

Participant's Signature

Date

Department Representative

Date

Keep a copy of this form with agency training records to document attendance